

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011625

Entity Name: GRACE MALNUTRITION CENTER INCORPORATED**Current Principal Place of Business:**23 PLEASANT DR.
ORMOND BEACH, FL 32176**Current Mailing Address:**23 PLEASANT DR.
ORMOND BEACH, FL 32176 US**FEI Number:** 82-3882677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINKINHOKER, ELIZABETH ANN
23 PLEASANT DR.
ORMOND BEACH, FL 32176 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ELIZABETH ANN LINKINHOKER

04/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CO-DIRECTOR
Name LINKINHOKER, DAVID C II
Address 23 PLEASANT DR.
City-State-Zip: ORMOND BEACH FL 32176

Title EXECUTIVE DIRECTOR
Name LINKINHOKER, ELIZABETH A
Address 23 PLEASANT DR.
City-State-Zip: ORMOND BEACH FL 32176

Title VP
Name LINKINHOKER, DAVID C III
Address 317 CHARDON RD
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name GENT, MATTHEW C
Address 33 DOLPHIN AVE
City-State-Zip: ORMOND BEACH FL 32176

Title OFFICER
Name CRUZ, PEDRO
Address 1500 LYONS CT.
City-State-Zip: OVIEDO FL 32765

Title PASTOR
Name SHIRLEY, DERRICK
Address 24 SANCHEZ AVE.
City-State-Zip: ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH LINKINHOKER**EXECUTIVE DIRECTOR**

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date